

Columbus Recreation and Parks 2018 Summer Lunch Program Agency Application & Contract

SITE INFORMATION

Are you a returning summer food service site from 2017? Yes ☐ No ☐

Site name:

Site Phone Number (where we can reach you at meal time):

Site address, including city and 9 digit zip ([click to find](#)):

Site Type: ☐ Open: Any child can come in during posted meal time to eat.
☐ Open Restricted: Open to public, but serving in a small space, so number must be limited.
☐ Closed: Enrolled program, no walk-ins served. Must collect income eligibility form from every enrolled child and provide weekly attendance to food office.

School nearest the lunch site:

STAFF INFORMATION

On-Site Supervisor

Name:

Title:

Email:

Phone:

Additional staff that will be trained to supervise meals:

Name:

Name:

Name:

Agency contact if different from site supervisor:

Name:

Title:

Email:

Phone:

PROGRAM INFORMATION

Program Dates for summer 2018 from

To

Days of the week you will be serving: Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐

Please list any dates that you will be closed:

Are there activities for the children to participate in before and/or after mealtime? Yes ☐ No ☐

If yes, please describe:

MEAL and DELIVERY INFORMATION:

What is the earliest the building is open for delivery?

Do you have refrigeration large enough to store all the meals you need? Yes ☐ No ☐

Please fill out the information below based on the *1 or 2 meals* you would like to receive, you cannot receive all 3. You must allow a 30 minutes window for delivery, so if the building opens at 7:30 you cannot serve before 8 am.

Please note: If you are filling this out for a site that you will not be personally responsible for you must make sure the site supervisor is aware of the meal times submitted on this application. Meals **MUST** be served during the approved times, so please make sure the times listed are accurate.

Meal Type	Begin Time	End Time	Estimated Meals Needed Daily
Breakfast			
Lunch			
Snack			

How many adults will be present during meal time?

Does your agency participate in any Child Nutrition Program (CNP)? Please check:

Child and Adult Care Food Program (Afterschool Meals) ☐ National School Lunch Program ☐

AGREEMENT AND SIGNATURES

This agreement binds the **City** to provide the food supplies to the **Agency** to administer the Summer Food Program. The **Agency** agrees to comply with all of the program regulations by committing to:

1. Serve meals, supplied by the **City's** authorized vendor, to eligible children ages 1 through 18, and qualifying disabled participants through age 21, in accordance with United States Department of Agriculture (USDA) regulations; and
2. Serve meals which meet or exceed the minimum nutritional requirements of the USDA; and
3. Provide adequately trained supervision to ensure that all meals are served and consumed on site and in accordance with USDA regulations; and
4. Complete and submit all daily and weekly reports as required by the **City** and the USDA. Maintain records of the daily number of meals received and served as required by the **City**; and
5. Provide the **City** and USDA access to inspect the **Agency** Food Service Program and record keeping system; and
6. Provide adequate refrigeration for the storage of meals for the duration of the program.

The **City** shall have the right to terminate this contract if the **Agency**;

- A. Fails to comply with any **City** and/or USDA Food Program regulation;
- B. Fails to comply with meal time service requirements;
- C. Fails to maintain required Food Program records and documentation;
- D. Permits any meals to be taken off site;
- E. Serves meals to anyone other than eligible participants;
- F. Habitually serves an excessive number of meals as seconds or has an excessive number of leftovers due to a failure to adjust meal orders as attendance fluctuates.

If the **City** should find a high level of meal service violations at an **Agency** location, the **City** shall have the right and responsibility to require corrective action and in the event that the **Agency** fails to comply with the required corrective action, this agreement may be immediately terminated by the **City**.

The **Agency** shall hold the **City** harmless for any and all claims of injury, damage or loss which may occur as a result of the **Agency's** participation in the Summer Food Service Program.

AGENCY REPRESENTATIVE:

APPROVED:

Tony Collins

Name (Print)

Executive Director,
Department of Recreation and Parks
Approved As To Form:

Signature

Signature on File

Title

City Attorney

Date

The USDA is an equal opportunity provider and employer."

Please make sure your proof of liability insurance and 501c3 status are included with your application. Incomplete applications will not be processed.